

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>C</i>		
O.I.P.E. CLASSIFIER	<i>BEST AVAILABLE COPY</i>		
FORMALITY REVIEW	<i>F.D.</i>	<i>1121</i>	<i>11/28/01</i>
RESPONSE FORMALITY REVIEW	<i>M.D.</i>	<i>635</i>	<i>01-28-02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 11/28/01
2	✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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5C 533 NL 11/28/01  
1809 1/29/02